

Home and Community Based Services Authorized Services for Incurment

Individual's Name:						SSN:
Waiver Case Manager:						Phone No.:
Agency:						
Initial Authorization _____			Change _____			
Services Used for Incurment						
Start Date	Service	Provider	Provider Number	Units	Cost Per Unit	Amount applied to monthly incurment
						\$
						\$
						\$
						\$
Grand Total Month						\$
Time Period						
From (Mo./Yr.):			To (Mo./Yr.):			
Remarks:						
Attach bills from providers for each service.						
The grand total above will be used towards the individual's incurment. The selected services will not be payable by Medicaid during the relevant time period.						
Case Manager's Signature:					Date:	

Distribution: White-County; Yellow-Case Management Team; Pink-Consumer

HOME AND COMMUNITY BASED SERVICES

Adult Day Health	Respite Care - Facility
Adult Residential Habilitation	Respite Care - Hourly
Adult Foster Home, Assisted Living Facility	
Case Management - Per Diem	Registered Nurse Supervision
Case Management-Hourly	Special Child Care for Children
Substance Use Disorder Counseling - Individual	Specialized Medical Equipment & Supplies
Substance Use Disorder Counseling - Group	Specially Trained Attendant
Consumer/Family Intensive Support Service	
Dietitian	Transportation – One Way Trip
	Transportation - Miles
Homemaker	HABILITATION
Homemaker Chore Service	Day Habilitation
Nutrition (Meals)	Habilitation Aide
	Prevocational Services
Personal Assistance Attendant	Residential Habilitation
Personal Assistance - Nurse Supervision	Supported Employment Services
Personal Emergency Response System - Purchase/Installation	Transportation
Personal Emergency Response System - Rental	
Physical Therapy	
Private Duty Nursing	
Psychosocial Consultation	
	Supported Living